	EXECUTIVE LOBBYING EXPENDITURE REPORT FORM 507			CL Dryne Regineration No.	
COVERING JANUARY 1 - JUNE 30, 2007 - DUE AUGUST 15  COVERING JANUARY 1 - DECEMBER 31, DUE PEBRUARY 15				FOR OFFICE USE DINLY POSSEMAN Dence 4 15 07	
Mail to: the Board of Ethics, 2415 Quall Dr., 3rd OR FAX 10: (225)763-8787 or (225)763-8780	Floor, Baton Rouge, L/	1. 70808	2	400 (elis	75 (St. 17)
1. Name Fina.	Jahn	J,		3070	461
Pusiness Address: 2450 Scree and No.     Mailing Address SAME	Alve., Ste. 210,	Metaicie LA	70001 L	SC/	ANNED 16 1 6 2007
3. Business Phone 504 - 837-	//7/			Ву:	<u>©</u>
Area Code and T 4. Total of all executive lobbying expenditures (Include expenditures from Schedules A and I		h June 30: 5	NA	AL	JDITEC AUG 16 2007
<ol> <li>Total of all executive lobbying expenditure (When Applicable) [Include expenditures for</li> </ol>		ecember 31: \$	NIA	By:	G9
<ol> <li>Total of all executive lobbying expenditure (Line 4 added to Line 5 should equal Line 5)</li> </ol>	s made during calendar y	year. 5 <u> </u>	NIA.	(8)202	
7. Did you make an expenditure exceeding \$5	id on one occasion for an	a consoutive branch off	Retal:	20	7947
From January 1 through June 307 From July 1 through December 31?	Yes	No D	МА □	151 SR7 (18)	58 80 :
If the narwer to either question in Number	7 above is YES, comple	re Schedule A and att	tadı.		CCEIV
8. Did you make expending the sum of \$250 for an executive branch official:  From January 1 through June 307  Yes   No   No   No   The state of the state of \$250 for an executive branch official:					
From January 1 through June 307 From July 1 through December 317	Yes	No 🗆	NA 🗆	5	
If the answer to either question in Number	8 above is YES, complet	te Schedule A and sta	arh.		
<ol> <li>Did you expend funds for any reception, so officials were invited during this reporting</li> </ol>	period?	_	re than twenty-i	five executive br	anch
Yas	□ No	· 🗓			
If the answer to Number 9 above is YES, to	replete Schedule 8 and a	attach.			
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Matropelitan Hospital	Daymell of H.D	604 887 1174	3/1

2)	a. Name of Department and Individual Agency:				
	b. Total of all expenditures made January 1 through June 30:	<u>\$</u>			
	c. Total of all expenditures made July 1 through December 31: (When applicable)	s			
	d. Total of all expenditures made during the calendar year.	\$			
3)	a. Name of Department and Individual Agency:				
	b. Total of all expenditures made January 1 through June 30:	\$			
	c. Total of all expenditures made July 1 through Docember 31: (When applicable)	<b>5</b>			
	d. Total of all expenditures made during the calendar year:	3			

## CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; that all reportable expenditures have been included herein; and that no information required by ISA-R.S. 49:71 et seq. has been deliberately omitted.

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